

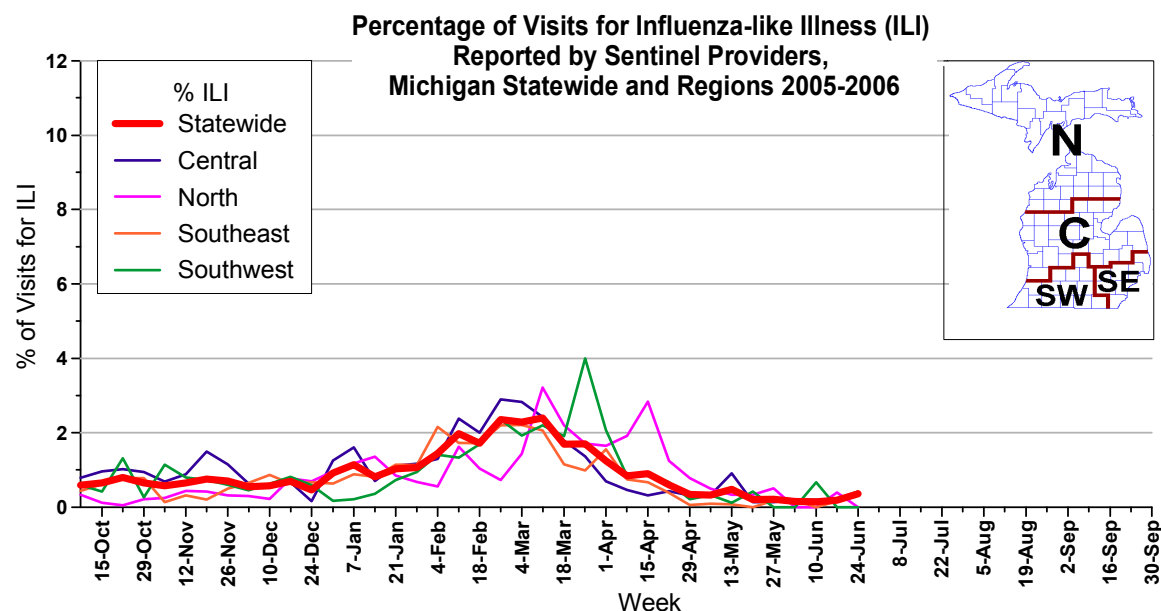
MIFluFocus
June 29, 2006
Weekly Influenza Surveillance and Avian Influenza Update

Michigan Disease Surveillance System: Flu-like illness activity, as reported in MDSS, has continued to decrease over the past week to a lower level than was reported from the same period in 2005.

Emergency Department Surveillance: Emergency department visits due to constitutional and respiratory complaints continued to show decreasing activity since last week. The current level of both indicators is lower than those reported from the same period last year. Over the past week, no statewide alerts were generated for either indicator.

Over-the-Counter Product Surveillance: The past week has demonstrated no overall increase in flu-like illness activity. With the exception of anti-fever product sales, which has shown a slight increase in trend, all recent product sales have either decreased or remained stable. Chest rub and thermometer sales continue to remain at higher levels than those reported from the same period last year; sales of all other indicators is comparable to or decreased from last year.

Sentinel Surveillance (as of June 29, 2006): During the week ending June 24, 2006, the proportion of visits due to influenza-like illness (ILI) remained similar last week at 0.4% of all visits, still lower than the rates reported at the beginning of the 2005-2006 season. Low levels of ILI activity were reported in all regions; the percentage of visits due to ILI by region was 0.4%, Central; 0.0%, North; 0.4%, Southeast; and 0.0%, Southwest.



Laboratory Surveillance (as of June 29, 2006): CDC strain typing results received by the MDCH laboratory for three influenza B samples from the 2005-2006 season have come back as B/Ohio/01/2005-like. The B/Ohio/01/2005-like strain is the recommended influenza B component for the 2006-2007 influenza vaccine.

Influenza-Associated Pediatric Mortality (as of June 29, 2006, CDC data as of May 20): For the 2005-2006 influenza season, Michigan had one confirmed influenza-associated pediatric death from region 2S, with one other death under investigation at this time by MDCH. During October 2, 2005 – May 20, 2006, CDC received reports of 35 influenza-associated pediatric deaths, 33 of which occurred during the current influenza season.

***Reminder: The CDC has asked all states to continue to collect information on any pediatric death associated with influenza infection. This includes not only death in a child less than 18 years of age resulting from a clinically compatible illness confirmed to be influenza by an appropriate laboratory or rapid diagnostic test, but also unexplained death with evidence of an infectious process in a child. Refer to http://www.michigan.gov/documents/fluletter_107562_7.pdf for the complete protocol. It is important to immediately call or fax information to MDCH to ensure that appropriate clinical specimens can be obtained.

Congregate Settings Outbreaks (as of June 29, 2006): No reports were received during the past reporting week.

A total of two congregate setting outbreaks have been reported to MDCH this season; one in Southwest Michigan in late February and one in Southeast Michigan in late March. Both outbreaks were MDCH laboratory confirmed as due to influenza A (H3N2).

The 2005-2006 Michigan Influenza Seasonal Summary is now available at <http://www.michigan.gov/flu> under "Seasonal Influenza." Overall, this season was milder than the previous year, peaked in early to mid-March and was comprised mainly of influenza A infections.

National (June 29, 2006): On June 28, 2006, the Advisory Committee on Immunization Practices (ACIP) published its new recommendations for the prevention and control of influenza. For the complete report, see the MMWR report June 28, 2006/55(Early Release);1-41, available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr55e628a1.htm>.

Principal changes include:

- 1) Recommending vaccination of children aged 24--59 months and their household contacts and out-of-home caregivers against influenza.
- 2) Highlighting the importance of administering 2 doses of influenza vaccine for children aged 6 months--<9 years who were previously unvaccinated.
- 3) Advising health-care providers, those planning organized campaigns, and state and local public health agencies to a) develop plans for expanding outreach and infrastructure to vaccinate more persons than the previous year and b) develop contingency plans for the timing and prioritization of administering influenza vaccine, if the supply of vaccine is delayed and/or reduced.
- 4) Reminding providers that they should routinely offer influenza vaccine to patients throughout the influenza season.
- 5) Recommending that neither amantadine nor rimantadine be used for the treatment or chemoprophylaxis of influenza A in the United States until evidence of susceptibility to these antiviral medications has been re-established among circulating influenza A viruses.
- 6) Using the 2006--07 trivalent influenza vaccine virus strains: A/New Caledonia/20/1999 (H1N1)-like, A/Wisconsin/67/2005 (H3N2)-like, and B/Malaysia/2506/2004-like antigens. For the A/Wisconsin/67/2005 (H3N2)-like antigen, manufacturers may use the antigenically equivalent A/Hiroshima/52/2005 virus; for the B/Malaysia/2506/2004-like antigen, manufacturers may use the antigenically equivalent B/Ohio/1/2005 virus.

For the complete CDC 2005-06 Influenza Season Summary, see pgs. 648-653 of the MMWR for June 16, 2006. The Internet link is http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5523a2.htm?s_cid=mm5523a2_e.

International (WHO, as of June 14, and CDC, as of June 16): During weeks 20--22 (May 14-June 3), WHO reported that overall influenza activity declined further in northern hemisphere while it remained low in most parts of southern hemisphere, with the exception of South Africa. It is not clear whether the increase of activity in South Africa marks the start of the 2006 southern hemisphere influenza season.

According to the CDC, for the 2005-2006 season worldwide, influenza B viruses were the most commonly reported influenza type in Europe, influenza A (H1N1) and influenza B viruses predominated in Asia, and small numbers of influenza A and B viruses were reported in Africa.

Weekly influenza activity reporting to the CDC is finished for the 2005-2006 influenza season.

End of Seasonal Report

Avian Influenza Activity

WHO Pandemic Phase: Phase 3 - Human infection(s) with a new subtype, but no human-to-human spread or rare instances of spread to a close contact.

International Update (June 20, 2006): According to a ProMED-mail posting, the Siberian office of the Russian emergencies ministry said on June 27, 2006 that the outbreak of the H5N1 strain of bird flu in the constituent Tuva Republic was intensifying. The emergencies ministry first reported on June 23rd that 169 dead wild birds had been collected from the Ubsu-Nur Lake in the Ovyursky district of the Tuva Republic, and the presence of H5N1 in their blood samples had been confirmed by the Kemerovo veterinary laboratory. The statement from June 27th said wild bird deaths were continuing, with 371 new deaths reported by the afternoon of the 25th. A total 1622 birds have died since the 1st dead birds were found on the lake on June 15th. The emergencies ministry warned further outbreaks were likely towards the end of July 2006 among young wild birds, as their immunity to the disease was weak. For more information reference ProMED-mail. Avian influenza (145) - Russia (Siberia). ProMED-mail 2006; 28 Jun: 20060628.1791. <http://www.promedmail.org>. Accessed 29 June 2006.

National Wild Bird Surveillance (June 22, 2006): The weekly report from the U.S. Fish and Wildlife Service stated that 1413 samples were shipped to the National Wildlife Health Center from the Alaska Science Center this week. All shipped samples were collected by USFWS through the subsistence sampling scenario. 411 of these samples have been tested so far; all were negative.

The USFWS has concluded spring subsistence sampling. Over 4,500 cloacal samples from subsistence harvested birds were collected. This exceeded their target of 3,000. Samples were collected through contracts with local villagers, Native Organizations, and Health Corporations. The USFWS collected 2,961 samples from the Yukon Kuskokwim Delta region, over 800 from the Seward Peninsula, and 795 from St. Lawrence Island.

Michigan Wild Bird Surveillance: To learn about avian influenza surveillance in Michigan wild birds or to report dead waterfowl, go to Michigan's Emerging Disease website at <http://www.michigan.gov/emergingdiseases>

Table 1. H5N1 Influenza in Poultry (Outbreaks up to June 23, 2006)

(Source: http://www.oie.int/download/AVIAN%20INFLUENZA/A_AI-Asia.htm Downloaded 6/29/2006)

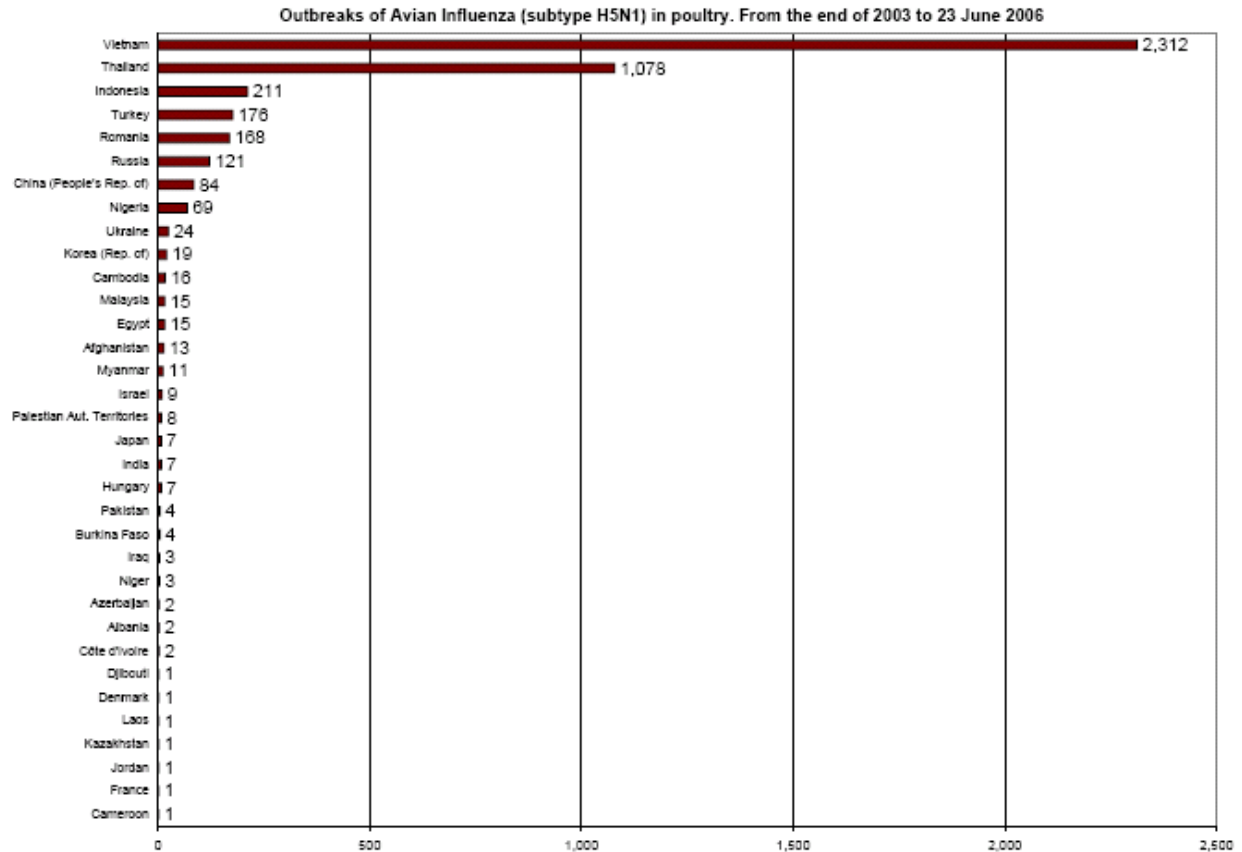


Table 2. H5N1 Influenza in Humans (Cases up to June 20, 2006)

(Source: http://www.who.int/entity/csr/disease/avian_influenza/country/cases_table_2006_06_06/en/index.html Downloaded 6/29/2006)

Cumulative number of confirmed human cases of Avian Influenza A(H5N1) reported to WHO. The total number of cases includes number of deaths. WHO only reports laboratory-confirmed cases.

| Country | 2003 | | 2004 | | 2005 | | 2006 | | Total | |
|------------|-------|--------|-------|--------|-------|--------|-------|--------|-------|--------|
| | cases | deaths | cases | deaths | cases | deaths | cases | deaths | cases | deaths |
| Azerbaijan | 0 | 0 | 0 | 0 | 0 | 0 | 8 | 5 | 8 | 5 |
| Cambodia | 0 | 0 | 0 | 0 | 4 | 4 | 2 | 2 | 6 | 6 |
| China | 0 | 0 | 0 | 0 | 8 | 5 | 11 | 7 | 19 | 12 |
| Djibouti | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 |
| Egypt | 0 | 0 | 0 | 0 | 0 | 0 | 14 | 6 | 14 | 6 |
| Indonesia | 0 | 0 | 0 | 0 | 17 | 11 | 34 | 28 | 51 | 39 |
| Iraq | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 2 | 2 | 2 |
| Thailand | 0 | 0 | 17 | 12 | 5 | 2 | 0 | 0 | 22 | 14 |
| Turkey | 0 | 0 | 0 | 0 | 0 | 0 | 12 | 4 | 12 | 4 |
| Viet Nam | 3 | 3 | 29 | 20 | 61 | 19 | 0 | 0 | 93 | 42 |
| Total | 3 | 3 | 46 | 32 | 95 | 41 | 84 | 54 | 228 | 130 |